Reset Form Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

| Number Mark X) Marie of Filing Committee, Candidate or CoMMITTEE TO Elect JOHNT LOOM 3 SICAL FF Type of Report (Place x under report type) 1.6° Tuesday 2.2" Effety 3-30 Day Post 4-6" Tuesday 5-2" Friday 5-30 Day Post 7-Annual Special 2" Friday Special 30 Day Post-Election Type of Report (Place x under report type) 1.6° Tuesday 2.2" Effety 3-30 Day Post 4-6" Tuesday 5-2" Friday 5-30 Day Post 7-Annual Special 2" Friday Special 30 Day Post-Election Pre-Election Pre | Filer Identification | Report Filed E | | te l | Committee | | Lobbyist | |
|--|--|--|------------------------------------|--------------------|-------------------|-------------------------|---------------------------------|--|
| Steel Andreas Clo 5706 Toncs Lawe State P. Zip Code 15505 Type of Report (Place x under report type) 1-6° Tuesday 2-2 2" Fidday 3-30 Day Post 4-6°Tuesday 5-2° Friday Pre-Planary Pre- | Name of Filing Committee, Candidate | or 6 | | <i></i> | <u> </u> | | | |
| City CAIE State PA. Zip Code: 16505 Type of Report (Place x under report type) 1-6* Tuesday 2-2* Friday 3-30 bay Post 4-6* Tuesday 5-2* Friday 6-30 bay Post 7- Annual 3-godal 2* Friday Post Bellection Pre-Pirmary Pre-Pir | | COMMITT | TEE 10 | EKET JO | SHNT-LO | SOM15 SLCR | IFF. | |
| Type of Report (Place x under report type) 1-6** Triusday 1-7** Annual 1-6** Special 2** Friday 1-7** Annual 1-7** Special 30 Day 1-7* | | C/0 57 | 06 Joi | Jes LAN | . سے | | | |
| 1. 6th Tuesday 2. 2th Friday 3- 30 Day Post 4. 6th Tuesday 5. 2th Friday 6-30 Day Post 7. Annual Special 2th Friday Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-Election Pre-Election Election Pre-Election | ERIE | | | | Zip Code | 16505 | | |
| Pre-Primary Pre-Primary Pre-Biection Pre-Election Pre-Ele | The state of the s | | | | | | | |
| Summary of Receipts and From Date | | [4] F. B. St. M. | | | 7- Annual | | | |
| Expenditures Column Colum | (MM/DD/YYYY) //- | | | 医乳状性病 化氯化二甲基苯甲基酚 | | in a court | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending cash Balance (Subtract Line D from Line C) F. Value of Ingrading Sample Samp | Expenditures 6/6 | 117 10% | 23/17 | | For | Office Use Only | | |
| C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtriact Line D from Line C) F. Value of Inrivind, Contributions Received (From Schedule III) G. Unpaid Dabts and Obligations (From Schedule III) G. Unpaid Dabts and Obligations (From Schedule III) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sowon to and subscribbed before me this My Commission expires My Commission Expires expired My Commission Expires expired My Commission Expires expires My C | B. Total Monetary Contributions and | 6. | <u>394.34</u> — | | | | 2017 | |
| E. Ending Lasin Balance (Subtract Line D from Line C) F. Value of InPRING Contributions Received (From Schedule IV) Affidavt Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this Affidavt Section Affidavt Section Affidavt Section Affidavt Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this Area Code My Commission expires My Commission expires April 3. 2019 Area Code Daytime Telephone Number Day Interest Pennis YL VANIA Signature of Candidate Finited Name My Commission expires MO, DAY VR. Tonia Wilk. Notary Public City of Erie Eria County My Commission expires MO, DAY VR. Tonia Wilk. Notary Public City of Erie Eria County My Commission expires My Area Code Daytime Telephone Number My Commission expires My Commission expires My Area Code Daytime Telephone Number | C. Total Funds Available (Sum of Lines A and B) | \$ 6, | 39434 | | | カス お下 | | |
| G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1 If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this And April 1 If this is a Committee report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this April 1 If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Agy of Charles and the second of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Agy of Charles and the second of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. My Commission expires MO. DAY YR. Tonia Wilt. Notary Public Area Code Oby of Frie Eric County My Commission expires MO. DAY YR. Tonia Wilt. Notary Public Area Code Daytime Telephone Number City of Eric Eric County My Commission Expires Authorized Daytime Telephone Number | (From Schedule III) | \$ 1,8 | 855 | | | | -0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1 If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this And April 1 If this is a Committee report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this April 1 If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Agy of Charles and the second of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Agy of Charles and the second of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. My Commission expires MO. DAY YR. Tonia Wilt. Notary Public Area Code Oby of Frie Eric County My Commission expires MO. DAY YR. Tonia Wilt. Notary Public Area Code Daytime Telephone Number City of Eric Eric County My Commission Expires Authorized Daytime Telephone Number | (Subtract Line D from Line C) F. Value of In-Kind Contributions Rece | 4. | 53901 | | | 7 | | |
| Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I sweer (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this Aday of Commission expires My Commission Expires April 3. 2019 MeMager, Pennsylvania Association of Schedules and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Aday of Commission expires My Commi | G. Unpaid Debts and Obligations | \$ 2, | 200 00 | | | e in | 3 | |
| I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true/correct and complete. Sworn to and subscribed before me this Aday of | Part 1. If this is a Committee report treasu | rer sign here If this is a Ca | | | | | | |
| No TARIAL SEAL Tonia Wilk. Notary Public Signature of Person Submitting person Signature of Person Submittin | I swear (or affirm) that this report, includin Sworn to and subscribed before me this | g the attached schedules o | n paper, is to the | best of my knowled | age and belief to | rue)correct and comple | te. | |
| My Commission expires MO. DAY YR. Area Code Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Signature My Commission expires NOTARIAL SEAL Tonia Wilt, Notary Public Area Code My Commission Expires April 3, 2019 Daytime Telephone Number Daytime Telephone Number City of Erie, Erie County My Commission Expires April 3, 2019 Area Code Daytime Telephone Number Daytime Telephone Number | Jonia Wil | NOTA Tonia Wil | RIAL SEAL — t, Notary Public | / Signature | <u>es /+</u> | /\/\ <u>-</u> / | /- - / | |
| I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this John John John John John John John John | My Commission expires 4-3-1 | MEMBER, PENNSYLVANI | A ASSOCIATION OF | STARIES | _ 8 | 53846 |) / | |
| Average Averag | I swear (or affirm) that to the best of my ki | | | | y provisions of | the Act of June 3, 1937 | (P.L. 1333, NO.320) as | |
| My Commission expires MO. DAY YR. Tonia Wilt, Notary Public Area Code City of Erie, Erie County My Commission Expires And 2 Code | 25 day of October 20 | 11. | · _ | John John | 7 | -00 M.S | <u> </u> | |
| | My Commission expires <u>U-3</u> | YR. Tonia Wilt, N City of Erie. My Commission Fy | AL SEAL — otary Public Erie County | Area Code | _2; | 151 Galy | ar | |

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| Filer Identification Numbe | CTE | E John | J. LO0415 | , Sheriff. | |
|-------------------------------------|-----------------|--|--|--|--------|
| | | | gram in the way to go to represent the same property and the same that the same the same that the sa | White the state of | Amount |
| Full Name of Contribut | ing | | | Date [MM/DD/YYYY] \$ | 1 10 |
| Committee | | | | 100 | None |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | } |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Full Name of Contribut | ing | Here is a second | Constitution of the Consti | Date [MM/DD/YYYY] S | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| I COURT IN | Ju 661 Addi 633 | | | | |
| | | service of | | Date [MM/DD/YYYY] \$ | |
| City : | | State | Zip Code | Date (min) Date (1111) | |
| | O constraint | | | Date [MM/ĐĐ/YYYY] S | |
| Full Name of Contribut Committee | ung (| | | | |
| Transfer of the second | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Date Hallan Date 11 1 1 2 2 | |
| | | State of the state | A Company of the comp | Destant to Novo | 3 8 |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | 25.52 | | Date [MM/DD/YYYY] S | |
| Full Name of Contribu Committee | ting | - | • | Pare [MINI/PD/1717] 2 | |
| House # | Street Address | | | Date [MM/DD/YYYY] 5 | |
| HOUSE # | Su eet Address | | | | |
| Zee Tarana | | lo respon | | Date [MM/DD/YYYY] S | \$0 |
| City | | State | Zip Code | Pare Ministral, 11:17 | 養 |
| | | | | | 5 |
| Full Name of Contribu | iting | | | Date (MIXI/DD/YYYY) | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | |
| | | | | | 11 |
| Full Name of Contribu | uting | <u> </u> | | Date [MM/DD/YYYY] | |
| Committee | | | , | | |
| House# | Street Address | | | Date [MM/DD/YYYY] | |
| | | | • | | |
| City | | Stäte | Zip Code | Date [MM/DD/YYYY] | |

PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| the second of the contract of | | 11.7. | | |
|---|-----|----------------|--|--|
| Filer Identification Numbers | 1 | 713-1 | ~ <1 .cr | |
| | リコレ | MOCH - [WHO L | 15 DWRIFF. | |
| | | | to the second of | and the second |

| Full Name of Contributor | | Date (MW/DD/YYYY) \$ | None |
|---------------------------|-----------------|--|--|
| House# Street Address | | Date(MM/DD/YYYY) \$ | |
| City | State Zip Code | Date [MW/DD/XXX4] S | |
| Full Name of Contributor | | | |
| House # Street Address | | Date [MM/DD/YYYY] & \$ | |
| | State Zip Gode | Date [MM/PD/YYY] > Date [MM/PD/YYYY] > S | |
| Full Name of Contributor | | | |
| HOUSE # Street Address | | ₹Date-[MW/ĐĐ//YYY) (\$ | 3 |
| City | State Zip Code | Date [MM/DD/ANA) | |
| Fall Name of Contributors | | Pare [ww/pd/ASS61] \$ | 2000 Maria (1900 M |
| House #, Street Address | | *Date (MIM/DD/YYXX) | |
| Gity | State: Zip Code | Date (MW/DD/WW) | |
| Full Name of Contributor | | | R. |
| House# Street Address | | Date MM/DD/YYM | |
| Gty | State Zin Code | Pate KNV/PD/AXXXE | |
| EUI:Name of Contributor | | | |
| #Fouse# Street Address | | Date MW/PD/MM | |
| en | State Zip €ode | #Date (MIV) DD ASYAY # | |

PART C

Contributions Received From Political Committees

Over \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Filer Identification Number | CIE JOH | NT. LOOMIS | SheriFF | |
|---|--------------|--|------------------------|--|
| Full Name of Contributing Committee | | | Date [MM/DD/XXX4] S | Nove |
| | et Address | K - Company of the Control | Date [MM/BD/YYY4] \$ | |
| City Full Name of | State | Zip Gode | Date [MM/DD/YYYY] S | |
| Contributing Committee | eet Address | | Date [MM/DB/ASSA] 2 \$ | N 4277 |
| Gity* | State | Zip.Code | Date [MIVI/DB/YYYY] | STATESTAND |
| Fill: Name of Contributing Committee | | | Date IMM/DD/YYYY S | TO STATE OF THE ST |
| | eet-Address | | Date [MM/DP/XYXI] \$ | |
| Gity S | State | ப்p∉ode | Date (MM/DD/YYYY) S | |
| Fill Name of Contributing Committee | | | EDate (MM/DD/ACA) S | |
| Fous⊆# St | eet Address | Zip code | Date IMW/DD/YWW | |
| Foll Name of | | | Date MIV/DD/AWA1 | |
| Contributing Committee | reet/Address | | Date (MM/DD/YYYY) | |
| Griy | State | Zip Code | Date MM/DD/YYY1 | 5 |
| Full Name of Scientification Committee | Processors (| | | |
| House # | reet Address | A CONTRACTOR OF THE CONTRACTOR | Space [MIW/DD//YYYY] | S |
| Gity | State | Zip Code | Date (MM/DD/AYAY) | |



PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

entification Number: OTE JOHNT. LOOMIS SheriFF

| Full Name of Contributor | e se e e e e e e e e e e e e e e e e e | | (386047) | Ne |
|--|--|--|--------------------------|----|
| House# Street Address | | | Date [MM/DD/YYYY] 5 | |
| City | State | Zip Gode - | Date (VIM/DD/YYYY) \$5 | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Principal Blace of Business | | | | |
| Füll-Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House#1 Street Address | | | ©Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MW/DD/YYYY] \$ | |
| Employer Name | in series and and an | processing and the second state of the second | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | |
| Full Name of Contributor | | angles and the second | SDETC [MINI/ADD/AYAY] SX | |
| House # Street Address | | | Date [WW/DD/YYYX] \$ | |
| GIV | State | Zip.Code | Pate MIVADD/YYYYI \$ | |
| Emplöyer Name | (Constitution of the Cons | | Occupation | |
| Employer Mailing Address/ Rundipal Place of Business | - | | | |
| FullsName.of Contributors | | and the page of the service and the second control of the service and the second control of the second control | Date (MM/DD/AYAY) | |
| House # Street Address | | | Date (MW/DD/AYY) | |
| City | State | <u>Δ</u> ιρ Code. | Date[MIN/DD/MAX] | |
| Employer Name | | | Occupation | |
| Employer Mailing Address // Principal Place of Business # | | | | , |

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| aler (dentification Number: | | | | SheriFF | |
|-----------------------------------|--|--|--|---------------------|----------|
| ull Name | | | | | , |
| louse# Stre | et Address | State | 40 | Date IMM/DD/YYYA | . \. \0 |
| Receipt Description | | | Code | | Mond |
| rull Name | | en english salah sal | ng grante and analysis of a life family on the high family of the second | | |
| | et-Address | | , 11 p 2 iii. | | |
| Gity | | State | Zip Code | Oate (MM/DD/AYAY) | |
| Receipt Description | | Postarone | I de la companya de l | | |
| Full Name House#/ | et Address | ··· | | | |
| Gity . | | State | Zip Code | Date IMM/DD/YYYYI | |
| Receipt Description | | | | ; | |
| FulkName | | Pilit Koy nguyay, menandi bili Sanga | e o o en englis o semen de de la tradación de la constante de la constante de la constante de la constante de l | | |
| | et Address | | ************************************** | Date [MIM/BID/YYYY] | 8 |
| Gity . | | State | Zjp _Code _ | <u> </u> | |
| Receipt Descriptions Full Name | TENTANCE OF THE STATE OF THE ST | and the second of the second o | and a second | | |
| | eet Address | | | | |
| City | | State | Zip Gode | Date [MM/JDD/XXX)] | S |
| Receipt (Description) | | | | | |
| Hulls Viame | | | | | |
| House # Str | eet Address | /State/ | Zip. | Date MWWDD/AYYY | S |
| Receipt Description | | | Eode | | |



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| C | TE John | OT. LOSMI | 15 SKRIFF | |
|---|------------------------------|-------------------------|----------------|--|
| LE UNITEMIZED IN: KIND CONTRIC | BUTIONS RECEIVED VAL | LOE OPS5000 OR LESS PER | RICONTRIBUTION | |
| IN-KIND CONTRIBUTIONS REC | EIVEDAVALUE (OF \$50/01 | | | |
| . INKIND GONTRIBUTION RECE | | 2007(EROM/PARIAG) | | |
| FOTAL for the reporting period FOTAL VALUE OF IN-KIND CONTRIBUTION | (3) DNS DURING THIS REPOR | RTING \$ | | |
| PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F) | rom boxes 1, 2, and 3; a | also enter | | |



SCHEDULE II PART F In-Kind Contributions Received

| | VALUE OF \$50.01 | 10 \$250 |
|---|------------------|--|
| Filer identification Number: | - John J. Loom | 115 SteriFF |
| A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| Full Name of Contributor | | Date [MM/DD/XYYI] 5 NOWE |
| House # Street Address | State Zip Gode | Date (IMM/DD/AYYY) 3 |
| City Description of Contribution | State Zip Code | COLUMN CO |
| Descriptions of Contribution | | |
| Full Name of Contributor | | Date [Mim/DD/WYY] 5 |
| House# Street Address | | Date:(MM/DD/WYY) 5. |
| City | State Zip Code | Date (MM/DD/WYY) 5: |
| Description of Contribution | | |
| Full Name of Contributor | | Date (MM/DD/: MM) |
| House# Street-Address | | Date [MM/DD/YYYY] \$5 |
| Gity | State Zip Code | Date [MM/DD/WYAT] 25 |
| Pescription of Contribution: | | A |
| Full Name of Contributor | | Date [MM/DD/MXXXI] \$ |
| House # Street Address | | Date [MM/DD/MYYE] \$ |
| (City | State Zip Code | Spate [MM/DD/A****] 5 |
| Description of Contribution | | |
| Full Name of Contributor | | DETCHIMINADEN SONALE CE |
| House # Street Address | | Date MM/DDAYAYY 5 |
| GEV 2 | State Zip Gode | Date (MM/DD/MYY) |
| Description of Contribution. | | ; |



SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number | 0.1 | E Jol | WT. | Loomis, | SheriFF | |
|-----------------------------|-----|-------|-------------------------------------|--|--|---|
| | | | COMMERCIAL CONTRACTOR OF THE PARTY. | system on the property of the Walter and March | process of a financial control of the control of th | and a company of the |

| | Date [MM/DD/YYM] S NWE |
|--|---|
| | Date:[MM/DD/YYYY] \$ |
| | Pate [MM/DD/YYYY] 5 |
| Employer Mailing Address / Principal Place of Business | Description 3. For the second |
| Full Name of Contributor | Date IMM/DD/YYYY |
| | Date:[NIM/DD/YYYY] |
| | apatesIMM/DB/YYYYi sag |
| Employer Name Employer Mailing Address / Principal | Occupation: |
| Place of Business | off Contribution Date (MM/DB/AYYA) S |
| Füll Name of Contributor | |
| Junear Address | Date (MIV)/QD/YYY() \$ |
| City State Zip Gode : | Date (MM/DD/YYY) \$ |
| Employer Name Employer Mailing Address / Principal ** | Occupation Description |
| Place of Business | of Contribution |
| Full Name of Contributor | Date (VIM/DD/XYY) \$ |
| House# Street Address | Date (MIN/DD/YYYY) \$ |
| Gity State Zip Code | Date [MM/BD/YYYY] 25 |
| Employer Name Employer Mailing Address / Principal | ©Gcupation Description |
| Place of Business | eot Contribution: |

Statement of Expenditures

| Files (dentification Number: CTE JOHN T. LOOM 15 | Sheriff. |
|---|---|
| RICARDO'S PETE WEST | Date [MM/DB/NYTY] 8 150 00 |
| House # Street Address Gity State Zip | Description of Expenditure |
| TSA 2017 Conference | Date (MM/DDMM4) S. 100 00 |
| House # Street Address Gity State Zip | Description of Expenditure 7 |
| TO WHOM BAILD FRIENDS OF KATHY DAHLKEUPER | Date (MM/DD/mem) \$ 00 |
| House's Street Address | 16/10/2017 50 Description of Expenditure, |
| Code Code | |
| HOUSE# 3830 STREET Address PANA DE BLUTO. | 7/17/2017 40 |
| ET GRIC State PA Tipe /6504. | Criping Event |
| TO Whom Paid CTE Joe Sheyber House# Street Address | Date IVIM/DD/YYYI \$ 15000 7/25/17 15000 Description of Expenditure |
| City State Zip Gode v | Chapter to Free ! |
| UNIVED WAY ERIC CO. | 7/25/17 3000 |
| HOUSE# Street Address GIT/ State Zip Code: | Description of Expenditure ATD |
| | Date IMM/DDIVYMI \$ 100 00 |
| House # 909 Street Address State 04 Zip 1507 | Description of expenditure |
| 7 Code 760 | Date IMM/DD/MMI \$ 5() 00 |
| House # Street Address | Description of Expenditure |
| City State Zip ——————————————————————————————————— | 17000 |

50°° 70°°

SCHEDULE III

PAGE _____OF ____

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | 1 - | Reporting Period | |
|--|-----------------------------|--|---|
| CTE JOHN T. LOOMIS, | ShreiFF | i | |
| 2 2 30.110 2007113, | | From | То |
| To Whom Paid | / | | 300 FA |
| <u>ATE</u> Les FeTTERMAI | <u>~</u> | 9 13 201 | 7 \$ 50 |
| moning Address | | Description of Expenditure | |
| City | Zip Code (Plus 4) | CAMPAIGN E | VENT |
| · | _ | | , |
| To Whom Paid THE TIM BEVELIDGE Mailing Adgress = 2 | · · | ALC DAY YEAR | Amount 00 |
| Mailing Address | | 9 23 201 Description of Expenditure | 7 \$ 5000 |
| Mailing Address 58 Hillhauen DR City | • | AMPAIAN & | |
| State PA | Zip Code (Plus 4) 16509 | 1 1901/N 1 | |
| To Whom Paid ANN DIVECCHID | 1,00 | MO. DAY YEAR | Amount , (27) |
| Mailing Address | <u></u> | 9 28 2017 | \$ 60 |
| 601 PW DAK DRIVE | | Description of Expenditure | AD. IN PROGRAM. |
| | Zip Code (Plys 4) | COIOMBOS DAY | MIJ. IN TROGRAM. |
| To Whom Paid | 16504 | <u></u> | |
| ERIE COUNTY Day. PARTY | - | MC CA VEAR | |
| | | Description of Expenditure | |
| 1305 STOTE STREET! | | FUND RAISING | TILKETS. |
| ERIC PA | Zip Code (Plus 4) 650/- | 7 | |
| | | Bit CA CAS | Amount COO |
| Mailing Address MAN Jo CAYPho | ill | 10 11 2017 | \$ 50 |
| | | Description of Expenditure | Clest |
| City . State | Zip Code (Plus 4) | C GNIGN C | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| To Whom Paid | - | | |
| CIK KEU GAMBLE | | 10 18 2017 | Amount 6 |
| Mailing Address 233 Shewles Drive | | Description of Expenditure | |
| City | Zip Code (Plus 4) | CAMPAIGN ? | EVENT. |
| ERIC PI | 16505 | , | |
| To Whom Para TE | | MG GAY YEAR | Amount , , , ,) |
| Mailing Address CAR LANDERSON | | 10 21 2017 | Amount 160 |
| 541 GAST 6# 5T. | | Description of Expenditure | vat. |
| SRIE, PA. 16505 STA | Zip Code (Blus 4) | CHIALINA Z | VWI |
| o Whom Paid | 16505- | | |
| HOLY / RWITY DISHORS | | MO 5AY 5AR | Amount 125 |
| Mailing Address | | Description of Expenditure | \$ 10U |
| 2220 KeeD ST | | PACEKETION GO | et-Togethen |
| S'RIC M | Zip Code (Plus 4) /6503- | TILLET | |
| | | | PAGE TOTAL |
| inter Grand Total of Expenditures on Page 1, R | eport Cover Pad | e, Item D. | 1 ~ / 00 |
| | | | \$ 685 |

SCHEDULE III

PAGE _____OF____

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | Reporting Period |
|--|---------------------------|--|
| CTE JOHN T. LO | OMIS, Sheriff | From To |
| | | |
| TO Whom Paid ERIE COUNTY SheRIFF: Mailing Address | L D. 110 | AGO. DAY YEAR Amount |
| Mailing Address | 5 rossc. | S 6 20/7 \$ /00 0 |
| / | | 120 GRAM AD. |
| City | State Zip Code (Plus | 4) |
| To Whom Peid | | |
| LOWER EAST SIDE C | luB | 8 16 2017 \$ 5000 |
| Hailing Address EAST 6# 5T | | Description of Expenditure |
| 402 (A3/ 6 3/ | | 11LKETS. |
| ERIC | State Zip Code (Plus 4 | 41 |
| To Whom Paid | | MC DAY YEAR Amount 07 |
| To Whom Paid TE Kyle Foust. Mailing Address | | 8 10 2017 \$ 50 |
| merning Wadtess | | December of Europediture |
| City | State Zip Code (Plus 4 | AMPAIGN EVENT JILKETS |
| | _ - | |
| TO WHOM Paid TE TOM PRINCES | / | 8 /3 2017 \$ 50 |
| Mailing Address | <u>/</u> | B /3 20/7 \$ 50 |
| City | | AMPAIGN EVENT |
| · | State Zip Code (Plus 4 | Composition |
| To Whom/Paid / | _ | |
| Mailing Address April 10 Rock Den. PAR. | Ty | 8 16 2017 \$ 50 0 0 |
| Mailing Address | 0 | |
| ity . | State Zip Code (Plus 4) | FUND RAISER. |
| | _ | |
| Whom Paid KeN GAMBL | E | SHO DAY YEAR Amount 00 |
| failing Address | | 1 8 124 12017 18 . 7 U |
| 233 Showle Dave. | | Descripcion of Expenditure Augusta Gent Tickets. |
| FRIC | State Zip Code (Pjus 4) | The state of the s |
| • Whpm Paid | g/7 /6505- | |
| CITE KATHU MAILA. | | 8 25 2017 \$ /00 00 |
| 4623 Southern Da. | | Description of Expenditure |
| TOO SOINER DIE. | State Zip Code (Plus 4) | pypaign gravi |
| ERIE | PA 16506 - | |
| Whom bein | | MIG. DAY WEAR Amount 700 |
| ailing Address UNIO | \mathcal{N} | 8 25 3017 \$ 50 |
| | | Description of Expenditure FOND KAISEN |
| ty | State Zip Code (Plus 4) | T UNUS NOW I |
| | _ | |
| | | PAGE TOTAL A O |
| nter Grand Total of Expenditures on | Page 1, Report Cover F | Page, Item D. PAGE TOTAL OO S |
| | | |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| Filer Identification Number: | CTE JOHN T. LOOMIS, SherIFF. |
|--|--|
| /033 Giy | JOHN T. LOUMIS (ANDIDATE OUTSTANDING Balance of Date o |
| Description of Debt Name of Greditor | INTIAL CAMPAIGN STANT-UP |
| | it`Address DATE:DEBT INCURRED 3.25 [MIM/DD/YYYY] |
| City Description of Debt | State Zip E Code |
| Name of Greditor | #Outstanding Balance of Debt |
| | DATE DEBT INCURRED 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Gity. | State Zip Code |
| Description of Debt: | Outstanding Balance of Debt |
| House # Stre | er Address (IVIIVI/DD/Arxyx) \$2 |
| Gity. Description of Debt | State Zip. Göde |
| Name of Greditor | Outstanding Balance of Debt |
| House # Stre | et Address DATE DEBT INCURRED [MM/DP/YYY] |
| City | State Zip Code |
| Description of Debt | Orisiandia: Balane-of Detit |
| Carlos Ca | DATE DEBTINGURRED 5. |
| City | State Zip 3 Code |
| Description of Debt. | Pageography Description De |

